

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET¹
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0/538830

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		①					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
11		①					61						
12							62						
13		1					63						
14		1					64						
15		2					65						
16		①					66						
17		①					67						
18		①					68						
19		①					69						
20		①					70						
21		①					71						
22		①					72						
23		①	1				73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	18		←		←		TOTAL DEP.		←		←		←
TOTAL CLASOS	21						TOTAL CLASOS						